COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

PUBLIC SCHOOL SYSTEM

TRAVEL AUTHORIZATION

SAIPAN, MP 96950

10						
3СНОО	1.813	3.	Office of th	e Legal Counsel		
4. NAME_	Jim Brewer	3/92		am/School 5. OFFI	CIAL STATION	Los Angeles
6. TITLE_	Expert Witness		233 €	7. ACC	OUNTING OFFICE.	Saipan
	You are aut	horized ble laws	to travel below an and regulations 2	d to incur naces		
8. FROM: 9. TO:	Los An Saipan/	The state of the s	RE FEB Public Sci	CEIVED OF 15 System	10. PAYMENT Check No Amount Issued by: Date Travelers Sign	1877.14 01 N14.70 3392.26
11. PURPO	in this matter and	Lisa Blac d he is nee	ek lawsuit which Just ded to prepare prior to	rial begins on Febru the set date of the tr	ial.	
12. PER DI	Hotel dar Pa	- Test	13. PAYMENT Name of Tra	TO CARRIER/T	RAVEL AGENCY	
	Per Diem 48	34.00	1	Based on Itinera	ry and Quotation	
14. PERIO	Per-Diem 98	34.00 Beginnii	1	Based on Itinera	ry and Quotation	
15. Cor 18. Priv	mmon Carrier vately owned	atively t	Issued by ing on or about MODE 16 But	2/18/07 OF TRAVEL siness Class at a miles	Ending on or 17.	about 3/02/07 PSS-owned conveyance cents, subject to:
15. Cor 18. Priv (a (l)	mmon Carrier vately owned a) Administr b) Not to ex	atively t	Issued by Ing on or about MODE 16. But to be to the advants st by common carr	2/18/07 OF TRAVEL siness Class at a miles tage of the Publicier, including co	Ending on or 17. age rate of c School System	about 3/02/07 PSS-owned conveyance cents, subject to: er Diem allowance.
15. Cor 18. Priv (a (l)	mmon Carrier vately owned a) Administr b) Not to ex	atively t	Issued by	2/18/07 OF TRAVEL siness Class at a miles tage of the Publicier, including co	Ending on or 17. age rate of c School System	about 3/02/07 PSS-owned conveyance cents, subject to: er Diem allowance. and personal effects
15. Con 18. Priv () () () 19. Tran 20. Othe ESTIMATE! 22. Transp 23. Per Die	mmon Carrier vately owned a) Administr b) Not to ex nsportation imm er (specify) Car Rental: 48	atively to ceed co	Issued by	2/18/07 OF TRAVEL siness Class at a miles tage of the Publicier, including co LLANEOUS 21 Shipm Approved By:	Ending on or 17. age rate of c School System ensideration of Personal Chairman, BOE	about 3/02/07 PSS-owned conveyance cents, subject to: ar Diem allowance. and personal effects
15. Cor 18. Priv (19. Tran 20. Other 22. Transp 23. Per Die 24. Other 25. TO	mmon Carrier vately owned a) Administr b) Not to ex nsportation imm er (specify) Car Rental: 48	atively to ceed co	Issued by	2/18/07 OF TRAVEL siness Class at a miles tage of the Publicier, including co LLANEOUS 21 Shipm Approved By:	Ending on or 17. age rate of c School System ensideration of Personal Chairman, BOE	about 3/02/07 PSS-owned conveyancecents, subject to: er Diem allowance. and personal effects inter Standarder Gounse
15. Cor 18. Priv (19. Tran 20. Other 22. Transp 23. Per Die 24. Other 25. TO	mmon Carrier vately owned a) Administr b) Not to ex nsportation imm er (specify) Car Rental: 48 D COST Car Tool OTAL - 1003	atively to ceed connection of the ceed connec	Issued by	2/18/07 OF TRAVEL siness Class at a miles tage of the Publicier, including co LLANEOUS 21 Shipm Approved By:	Ending on or 17. age rate of consideration of Personal Chairman, BOE PSS Legal Roman C.	about 3/02/07 PSS-owned conveyanc cents, subject to: ar Diem allowance. and personal effects interpressionature) Counsel Counsel Counsel Counsel

Case 1:05-cv-00038 Document 152-2 Filed 03/07/2007 Page 2 of 8

PUBLIC SCHOOL SYSTEM TRAVEL AUTHORIZATION

SAIPAN, MP 96950

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1. N	0		0.//	
2.	Dah	20	2007	

The same of	V/3)	SAII AIN, IIII SOSSO	TOATET
C SCHOOL 9	3	Office of the Legal Counse	<u> </u>
		Program/School	
4. NAME	Florine Hofschnei	der 30 10 5. OFFICE	AL STATIONSaipan
B. TITLE	Principal	7. ACCOL	INTING OFFICE Saipan
O IVANSE	You are authorized to with applicable laws ar	travel below and to incur necessard regulations.	ary expenses in accordance
		PLACES OF TRAVEL	10. PAYMENT TO TRAVELER:
		PLACES OF TRAVEL	Chast No PV# 112267
B. FROM:	Tinian		Amount 90% \$57
9. TO:	Saipan/Return		Issued by:
	3000 48 2000 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date
			Travelers Signature
11. PURPOS	SE AND REMARKS:		
	To testify as a w	itness of PSS in the case of	Lisa Black vs. Jim Brewer,
		생님이 있다면 살아왔다면 얼마나 그 없었다면 사람들이 모르는 내가 있었다는 그들은 그를 모르는 것이다.	be Ferformed in the best interest
	of the CNMI Public	School System.	
			ie .
	-howanar	13. PAYMENT TO CARRIER/TR	AVEL AGENCY
12. PER DI	EM ALLOWANCE		A.S. T. S.
		Name of Travel Agency or Ca	. 1
	Subsistence	Invoice No Date	
	0400200000	Based on Itinerar	y and Quotation
		Issued by	
14. PERIOD	OF TRAVEL: Beginning	on or about 2/23/07	Ending on or about 2/23/07
	1	MODE OF TRAVEL	
45 D CO.	nmon Carrier X	16. Business Class	17. PSS-owned conveyance
	ately owned		ge rate ofcents, subject to:
		be to the advantage of the Public	
	Administratively to Not to exceed cost	by common carrier, including co	nsideration of Per Diem allowance.
		MISCELLANEOUS	
19. Tran	sportation immediate fa		ent house goods and personal effects
20. Othe	760		
	014 MO \$1040000000000		
			14
	- Hora		and the
ESTIMATED		s 64.00 28.	Karen M. Klayer
	ortation	64.00	(REQUESTOR'S SIGNATURE)
23. Per Die	m		PSS Legal Counsel
24. Other	TAL	s 128.00	TITLE
	GED TO \$ 1000 - 4006 -		Dr. David M. Boria D.B.A.
20. CHAR	1000-	29	(AUTHORIZING OFFICER'S SIGNATURE)
and the same of	Thomphungh Acting F	iscal & Budget Officer	Commissioner of Education

(FISCAL OFFICER'S SIGNATURE)



To:

jacinta kapileo

Company: public school systems

www.fedexkinkos.com 1-800-254-6567

Videoconferencing Receipt

Customer:

public school systems

Booked By:

jacinta kapileo

Attendees:

jacinta kapileo

Tracking #: 50281525	Date: 2/23	/2007				
Location	Qty/List Price Per Minute	Disc.	Price Per Minute	Tax	Amount	
Las Vegas NV Sahara Pavillion N (702) 870-7011 Fax: (702) 870-3411	120 \$4.42	\$0.00	\$4.42	\$0.00	\$530.40	
Total Charges for Tracking #: 5028	31525			SUBTOTAL:	\$530.40	
Visa ******2284				TAX:	\$0.00	
04/07				TOTAL:	\$530.40	
karen m klazer						



Public School System Small/Emergency Purchase Order

PURCHASE ORDER NUMBER 48179 OL

P.O. BOX 501370 SAIPAN, MP 96950

VENDOR Dolores Taman c/o KARIDAT P.O. Box 500745 Saipan, MP 96950 Tel.# 234-6981	NO PAYMEN' UNLESS THE NUMBER SHO INDICATED O	BILLING INSTRUCTIONS D PAYMENT WILL BE MADE NLESS THE PURCHASE ORDER JUMBER SHOWN ABOVE IS DICATED ON ALL INVOICES, ACKAGES AND CORRESPONDENCE SHIP TO: PSSPANDS POD CHMIT PUBLIC SCHOOL P.O. BOX 1370 CK SAIPAN, MP 98950 All Correspondence other th requests should be referred and must indicate PO Number					
	Delivery Time [Discount Terms	SHIP VI	A:			
SUSUPE	ASAP	N/A	HAND-	DELIVERY			
DESCRIPTION OF ARTICLE		QTY	UNIT	UNIT PRICE	AMOUNT		
Ple eho Par P. O	ack vs. Jim etion no. 05-	IDOR: copy of inv of goods/me IENT & SU	ea. oice chandise PPLY	\$40.00	40 00		
SPECIAL TERMS & CONDITIONS FO	R VENDOR		Tota	1	Alto no		
 The above Purchase Order number must a packages, packing lists, and other related 	appear on all invoices, documents.	Amount		eed \$2,500.00	\$40.00		
Proof of shipment/delivery of goods or ser with all payment requests or invoices.	vices must be included	h-	ng Departme		Date		
 The CNMI Public School System is not re- articles or services in excess of \$2,500 or indicated in TOTAL, whichever is less. 		ount Account N	lumber;	Legal Counse	3/1/07 School		
 Vendors located within the C.N.M.I. must a services within ninety (90) days of certifics 			on ok Funds	1.370 /	Date /		
Vendors located outside of the C,N,M,I, m services within one-hundred & eighty (180) approval by Procurement & Supply Officer. Upon completion of delivery/service pleas Order and original invoice to: Finance & B	days from date of PO e mail original Purchas	8	1nt	Acting F&B	Date		



Public School System Small/Emergency Purchase Order

PURCHASE ORDER NUMBER 48178 OL

P.O. BOX 501370 SAIPAN, MP 96950

ENDOR VENDOR NO	2569			TRUCTI	ONS	SHIPPING INS SHIP TO: PSSE CHM	ANDS POS	NS HOOL SYSTEM	
Ms. Rita Hocog Inos c/o Northern Marians College P.O. Box 505119 Saipan. MP 96950	, Ed.D.	NUMBER S	HE PURC HOWN A! ON ALL	HASE ORDE BOVE IS	ENCE	P.O. SAIP All Correspo requests sho and must inc	BOX 1370 CK AN, MP 96950 ndence othe ould be refer	er than payme	ent
FOB POINT	Deliv	ery Time		nt Terms	SHIP V	TA: Hand-Delivery			
As Terlaje DESCRIPTION OF	ASAI	,	N/A	QTY	UNIT	UNIT PRICE		TUUC	
DESCRIPTION OF									
Pisses showing PSU	im Brewer -0038 on	NDOR:	of invo	cb andise	ea.	\$40.00		40	00
SPECIAL TERMS & CONDI					To	tal	\$4	0.00	
 The above Purchase Order num packages, packing lists, and of 	nber must appe- her related docu	ar on all Invoic iments:	es,	Amoun	t not to e	xceed \$2,500.00			
2. Proof of shipment/delivery of go			ded	Request	ing Depart	ment/School		Date	
with all payment requests or in		allala facilia mi	eschoop of	Office	of the	Legal 2Couns	e/I/	3/1/0	7
 The CNMI Public School Syste articles or services in excess of indicated in TOTAL, whicheve 	f \$2,500 or abo r is less.	ve 110% of the	amount	Account	Number:	01.7530 /	my of	School	
Vendors located within the C.N. services within ninety (90) day	s of certification	of funds by P	SS.	Certifica Tim Th	tion of Fun	h, Acting F&I	Offic	Date er 2	5
Vendors located outside of the services within one-hundred & s approval by Procurement & Sui Upon completion of delivery/se Order and original invoice to: f	<u>alghly (180) day</u> p <u>oly Officer.</u> arvice please m	s from date of all original Pur	EQ chase	C	XP. Jul	M. Boria, D		Dale	



Public School System Small/Emergency Purchase Order

PURCHASE ORDER

NUMBER

48158

OL

P.O. BOX 501370 SAIPAN, MP 96950

Ms. Olga Arriola Christian Dior Supervisor DUTY FREE SHOPPERS LTD. P.O. Box 500528 Saipan, MP 96950 SILLING INS NO PAYMENT WILL! UNLESS THE PURC NUMBER SHOWN AS INDICATED ON ALL PACKAGES AND CO					RCHASE ORDER SAIPAN, MP 96950 ABOVE IS All Correspondence other to requests should be referred.					t_ CHOOL SYSTEI K 50 her than paym erred to this a	nent.
FOB POINT	90950	Deliver	y Time	Discou	ınt Terms	SHIP \	/IA:				
GARAPAN		ASAE		N/E		HAND	-DELI	VERY			
	SCRIPTION OF ARTH				QTY	UNIT		PRICE	AM	OUNT	
NOTE TO Please pro showing in PSS PRO	SS TESTIFIED lack vs. Jim on no. 05-003 ITNESS FEE O VENDOR: wide a copy of control of good CUREMENT	Brewer, 88 on 2/	et. a	1.,	i1	ea.	\$4	0.00		40	00
A 177 A D.T D.	RMS & CONDITIONS	FOR VENE	OOR			Tot	al				
1. The above Pure	chase Order number m king lists, and other rela	ust appear or	n all invoice	В,	Amoun	t not to ex		2,500.00	\$40	0.00	
Proof of shipmer with all payment	ent/delivery of goods or nt requests or invoices.	services mu	ist be includ	ed	0/4	Of the		hool 1 Counse	.1	Date 33/1/	07
articles or serv indicated in TO	lic School System is no ices in excess of \$2,50 DTAL, whichever is les	0 or above 1 s.	10% of the	amount	Account I			- 1	h	School	
4. Vendors locate services within	d within the C.N.M.I. m ninety (90) days of cer	ust deliver al tification of fi	ll articles an unds bv PS	<u>d</u> S.	17.50	ion of Fund	10	100-000	-1/	Date	
services within approval by Pro	ed outside of the C.N.M. one-hundred & elahty (ocurement & Supply Off	180) days fro Ticar.	m date of P	Q	Tim Tho	rnburgh AN	, Act	Ing F&B	Office	Date Date)
Order and original	on of delivery/service p inal invoice to: Finance n, P.O. Box 1370CK, S:	& Budget O	ffice, CNMI	rase Public				Borja, D. oner of Edu	And in case of the latest devices the latest device		

MARIANAS MEDICAL CENTER P.O. Box 5006 CHRB San Antonio Village Saipan, MP 96950

Fax:

Voice: (670) 234-3926 (670) 234-3950

Invoice Invoice Number: 0609-015244-A

> Involce Date: Sep 28, 200€

> > Page:

Duplicate

Sold To:

Public School System P.O. Box 501370 Saipan, MP 96950 USA

Ship to:

Customer ID	Customer Pe	0	Payment Terms			
02-044			Net 30 D			
Sales Rep ID	Shipping Met	hod S	hip Date	Due Date		
	Airborne		T	10/28/06		
Quantity It	em D	escription	Unit Price	Extension		
1.000ther Inco	me medical record Black (40 page	copies of Lisa	15.75	15.7		

15.75 Subtotal Sales Tax 15.75 Total Invoice Amount

Payment/Credit Applied

15.75 TOTAL

Check/Credit Memo No:

Overdue invoices are subject to late charges.

AWYERS SERVICES

FLRI, NAURU BEDOK ISUN IPE DI BOX 50190 IPAN, MP 56900 INVOICE

HVICE PER		** **** () ***** () ******	14 75 50
n rightner Kantingy Egg.		9.7	30
gal Counsel		(4)	
plic School System	0.00	4	
oltal Hill			
pan, MP.9695(1.02	- 13		
			-

INVOICE NO. 230806

DATE August 23, 2006 PAYMENT DUE DATE COD

ME

DATE	WORK ORDER		ION		RATE	- CANTON CONTRACTOR
		, alou pluor			\$1,452.00	\$1,452.00
in Re-Oly Lian Bigo	rii Action No. 05-00: Il 98. Jim Brewer	38				
		.*		1 1		\$1,452.00

MAKE CHECKS PAYABLE TO: LAWYERS SERVICES P.O. BOX 501902, SAIPAN MP 96950

THANK YOU FOR YOUR BUSINESS!